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1 2022

Form 990-PF

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

2019

► Do not enter social security numbers on this form as it may be made public. 
• Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Form **990-PF** (2019)

For calendar year 2019 or tax year beginning 2019, and ending A Employer identification number Name of foundation LONGER LIFE FOUNDATION 43-1819267 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 16600 SWINGLEY RIDGE ROAD 636-736-2362 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . CHESTERFIELD, MO 63017-1706 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Cash X Accrual Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here 466, 996.00 (Part I, column (d), must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in income income books (cash basis only) column (a) (see instructions)) 800,000.00 Contributions, gifts, grants, etc., received (attach schedule) , if the foundation is not required to 2 attach Sch B. . . . . . . . . 3 Interest on savings and temporary cash investments. Dividends and interest from securities . Gross rents . . . . . . . . . . . . Net rental income or (loss) RECEIVED Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain. . . . . . . . . . . . OGDEN Income modifications . 10a Gross sales less returns Less Cost of goods sold . Gross profit or (loss) (attach schedule) . . . . 11 Other income (attach schedule) 800,000.00 12 Total. Add lines 1 through 11 . . . . . . . 13 Compensation of officers, directors, trustees, etc . . . Expenses 14 Other employee salaries and wages . . . . . 15 Pension plans, employee benefits . . . . . . 16a Legal fees (attach schedule) . . . . . . . . . **b** Accounting fees (attach schedule) . . . . . c Other professional fees (attach schedule). . . 17 18 Taxes (attach schedule) (see instructions). . . r, 19 Depreciation (attach schedule) and depletion. 20 1,510.00 1,510.00 21 Travel, conferences, and meetings . . . . . . E 21 Printing and publications . . . . . 1,123.00 1,123.00 23 24 Other expenses (attach schedule) Stmt. 2. . . Total operating and administrative expenses. 2,633.00 2,633.00 Add lines 13 through 23. . . . . . . . . . . . 395,532.00 395,532.00 O 25 Contributions, gifts, grants paid . . . . . . 398,165.00 398,165.00 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 401,835.00 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

Part II Balance Sheets Attached schedules and amounts in the Beginning of year					End o	End of year		
	,	,	description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bear	ing	65,161.00	466,996.00	466,996.00		
			cash investments					
			btful accounts ▶					
		Less allowance for dou	btful accounts ▶					
	5	Grants receivable						
	6	Receivables due from	officers, directors, trustees, and other					
			tach schedule) (see instructions)					
			receivable (attach schedule)		<u></u>			
		Less allowance for dou	btful accounts >					
Assets	8	Inventories for sale or us	e					
SS	9	Prepaid expenses and d	eferred charges		<u>-</u>			
٩			e government obligations (attach schedule)		·			
.		·	e stock (attach schedule)		<u></u>			
	11 C	Investments - corporate Investments - land, building:	e bonds (attach schedule)		<u>-</u>	<del>"</del>		
		and equipment basis  Less accumulated deprecia		·				
		(attach schedule)				<u> </u>		
	12	Investments - mortgage	loans	-				
	13 14	Investments - otner (atta Land, buildings, and equipment basis	ach schedule)	, , , , , , , , , , , , , , , , , , ,	e , ^ ·	]		
		equipment basis Less accumulated deprecia	atron N					
		(attach schedule)						
			completed by all filers - see the					
			page 1, item I)		466,996.00	466,996.00		
$\dashv$						1		
		•	accrued expenses					
က္က						1		
를			ors, trustees, and other disqualified persons.					
Liabilities			otes payable (attach schedule)					
ڐ		• •	•▶)		•			
					·	,		
	23	Total liabilities (add line	es 17 through 22)	0.00	0.00			
ŝ		Foundations that follow	w FASB ASC 958, check here					
nces		and complete lines 24,	25, 29, and 30.					
aga	24	Net assets without done	or restrictions	•				
Ď	25	Net assets with donor re				4		
틸			ollow FASB ASC 958, check here					
Ē		and complete lines 26 thr	_	65 161 00	166 006 00			
ō	26	•	cipal, or current funds	65,161.00	466,996.00	<u></u>		
ets	27	*	r land, bldg, and equipment fund			<u>i</u>		
SS	28	-	ulated income, endowment, or other funds	65,161.00	466,996.00			
Ϋ́			d balances (see instructions)	03,101.00	400,550.00			
ž	30		· · · · · · · · · · · · · · · · · · ·	65,161.00	466,996.00	ļ		
P			nges in Net Assets or Fund Bala			<u> </u>		
			palances at beginning of year - Part		nust agree with			
-			ed on prior year's return)			65,161.00		
2			line 27a		,	401,835.00		
			ded in line 2 (itemize) ▶					
						466,996.00		
5		reases not included in			5_			
6	Tota	I net assets or fund b	palances at end of year (line 4 minus	line 5) - Part II, column (I	o), line 29 6	466,996.00		

Form 990-PF (2019)		-4			Page
	and Losses for Tax on Inve		(b) How	1	(45.5
	scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200 s		àcquired P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr)
	TOK Warehouse, or beliminer stock, 200 c		D - Donation		
1a	<del></del>				
<u> b</u>	· · · · · · · · · · · · · · · · · · ·				
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
b					
С					
d					
е					
Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) g	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
<u>a</u>				<u> </u>	
b					
С					
_d		<del></del>			
е			<del> </del>		
2 Capital gain net income	or (not conital lace)	ain, also enter in Part I, line 7			
•	( 11 (10	oss), enter -0- in Part I, line 7	2		
	pain or (loss) as defined in sections Part I, line 8, column (c) See inst				
•			,		
	Under Section 4940(e) for Rec		ncome		
	the section 4942 tax on the distrib		ase perio	d?	Yes No
	n't qualify under section 4940(e) D				
	mount in each column for each yea	ar, see the instructions before mak	ing any ei		
(a) Base penod years	(b)	(c) Net value of nonchantable-use assets		(d) Distribution ra	atio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions			(col (b) divided by	
2018	428,394.00	301,868.00			1.4191 4.1100
2017	352,465.00 400,621.00	85,757.00 57,531.00			6.9636
2016	425,990.00	65,019.00		<del></del>	6.5518
2015	391,930.00	165,710.00	-		2.3652
2014	391,930.00	163,710.00			2.3032
2 Tatal of line 1 solumn	'A1		2		21.4097
	(d)				
	foundation has been in existence i		3		4.2819
the number of years the	Touridation has been in existence i	n icos than o years			
4 Enter the net value of n	oncharitable-use assets for 2019 fr	rom Part X, line 5	4	3:	30,733.45
				1 41	16,167.56
5 Multiply line 4 by line 3			5	1,12	10,107.50
6 Enter 1% of net investm	nent income (1% of Part I, line 27b).		6	<u> </u>	
7 Add lines 5 and 6		. , , , , , , , , , , , , , , , , , , ,	7	1,41	16,167.56
O Fatanavalt in dat t	Acons from Dark VIII has 4	,	8	3.	98,165.00
8 Enter qualifying distribution of the first structures of the structure of the str	tions from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	that part		

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

conflict with the state law remain in the governing instrument?..................

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(1)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"

8a Enter the states to which the foundation reports or with which it is registered. See instructions

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their Form **990-PF** (2019)

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Х

Х

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6

7

8b

· By language in the governing instrument, or

Par	t VII-A Statements Regarding Activities (continued)			
	`		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
-	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions,	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address www.longerlife.org			
14	The books are in care of ▶ Jeff Block Telephone no ▶ 636-736-	2362		
	Located at ▶ 16600 Swingley Ridge Road, Chesterfield MO ZIP+4 ▶ 63017-1	706		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	$\sqcup$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			- 1
	the foreign country ▶			;
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ţ-·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			]
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		٠.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			-1
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, in terminating within 30 adjoy.			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1b		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions			
_	Organizations relying on a current notice regarding disaster assistance, check here	١,		
C	were not corrected before the first day of the tax year beginning in 2019?	1c		$\overline{x}$
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
9	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
a	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		1
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			اــــا
	foundation had excess business holdings in 2019 )	3b	<u> </u>	77
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			اـــِـا
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		_ <u>x</u> _

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	rt VII-B	Statements Regarding Activities	for which Form	4/20 May be Req	uirea (cont	inueu)			
5a	During th	e year, did the foundation pay or incur any amo	ount to	<del>-</del>			ı	Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (sectio	n 4945(e))?	. Yes	X No			$\overline{}$
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive? Yes X No								
		de a grant to an individual for travel, study, or o			· 🖂	X No	ł		
		-			· Ш	11 110			
	٠,	de a grant to an organization other than a	_			X No	İ		
		on 4945(d)(4)(A)? See instructions				X No	1		- }
		de for any purpose other than religious, ch				T <del>.</del>			
		oses, or for the prevention of cruelty to children				LX No	-		
b	If any ar	nswer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions des	scribed in			
	Regulatio	ns section 53 4945 or in a current notice regar	dıng dısaster assıstan	ce? See instructions.			5b		
	Organiza	tions relying on a current notice regarding disas	ster assistance, check	here		▶∟			
С	If the ar	nswer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				
•		it maintained expenditure responsibility for the			1 1	No			
		attach the statement required by Regulations s	-				l		
e -	•	foundation, during the year, receive any fur			ne		1		
6a					Yes	X No			
		onal benefit contract?			. —	HO LEE			$\frac{1}{x}$
b		oundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct'		6b		i
		o 6b, file Form 8870				Œ			
7a		ne during the tax year, was the foundation a p				X No			
b	If "Yes,"	did the foundation receive any proceeds or ha	ve any net income attr	ibutable to the transacti	on?		7b	L	
8	Is the fou	indation subject to the section 4960 tax on pay	ment(s) of more that	n \$1,000,000 in			1		
	remunera	ation or excess parachute payment(s) during the	year <sup>9</sup>		. Yes	X No			
Pa	rt VIII	Information About Officers, Directo	rs, Trustees, Fou	ındation Managers	s, Highly Pa	aid Emplo	oyees,		
1	Liet all o	and Contractors fficers, directors, trustees, and foundat	ion managers and	their compensation	See instruc	tions			
<u> </u>	LIST all U		(b) Title, and average	(c) Compensation	(d) Contribut	ions to	(e) Expens	se accor	ınt
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred con		other al		
SEE	STATEM								
		MENT 3							
	<u> </u>	MENT 3							
	21112	MENT 3							
		MENT 3							
		MENT 3							
		MENT 3				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>
		MENT 3				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		MENT 3				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>
								,	
2	Compens	Sation of five highest-paid employees	(other than thos	se included on line			ns). If n	one, (	enter
2				se included on line	e 1 - see i	nstruction	ns). If n	one, (	enter
	Compens	sation of five highest-paid employees	(b) Title, and average		e 1 - see i	nstruction tions to lenefit	(e) Expens	se accou	ınt,
	Compens			se included on line (c) Compensation	e 1 - see i	nstruction		se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE."	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction	(e) Expens	se accou	ınt,
(a)	Compens "NONE." ) Name and	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction tions to penefit eferred	(e) Expens	se accou	ınt,
(a)	Compens "NONE." ) Name and	sation of five highest-paid employees	(b) Title, and average hours per week		e 1 - see i (d) Contribu employee t plans and d	nstruction tions to penefit eferred	(e) Expens	se accou	ınt,
(a)	Compens "NONE."  Name and a	sation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribu employee t plans and d compens:	nstruction tions to enefit eferred ation	(e) Expens	se accou	ınt,

Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services. Sec	e instructions. If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
		<del></del>
		<del></del> .
	_	
·		<u>==</u>
	_	
1		
otal number of others receiving over \$50,000 for professional services	<b>.</b> .	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state organizations and other beneficianes served, conferences convened, research papers produced, etc.	istical information such as the number of	Expenses
1 N/A		
2		
14		
3		
4 <u> </u>		
Part IX-B Summary of Program-Related Investments (see instructions	<u> </u>	Amount
Describe the two largest program-related investments made by the foundation during the tax year on line 1 N/A	les 1 and 2	Ainodili
1 N/A		
2		<del></del>
<sup>2</sup>		
All other program-related investments. See instructions		
3		
otal. Add lines 1 through 3		0

ç,

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	335,770.00
С	Fair market value of all other assets (see instructions)	1c	
	<b>Total</b> (add lines 1a, b, and c)	1d	335,770.00
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	335,770.00
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	5,036.55
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	330,733.45
6	Minimum investment return. Enter 5% of line 5	6	16,536.67
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	16,537.00
	Tax on investment income for 2019 from Part VI, line 5 2a		
- b	Income tax for 2019 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	16,537.00
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	1 _ 1	16,537.00
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	16,537.00
Par	t XII Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		<del>_</del>
1	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	398,165.00
a	The state of the s	1b	330,103.00
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2	·		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
<b>a</b>	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	200 165 00
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	398,165.00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	
	Enter 1% of Part I, line 27b See instructions	5	200 117 55
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	398,165.00
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating	g whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		<u> </u>

Form **990-PF** (2019)

Рa	Part XIII Undistributed Income (see instructions)								
4	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019				
•		1	<u> </u>		16,537.00				
_	line 7				1				
	Undistributed income, if any, as of the end of 2019	1	'		:				
	Enter amount for 2018 only		,		<u> </u>				
	Total for pnor years 20,20,20								
	Excess distributions carryover, if any, to 2019				ļ				
а	From 2014		Ï						
	From 2015 422,739.00		4						
	From 2016 397,744.00								
	From 2017 348,177.00								
е	From 2018 428,394.00	1 000 600 00							
f	Total of lines 3a through e	1,980,698.00							
4	Qualifying distributions for 2019 from Part XII,								
	line 4 ▶ \$398,165.00				1				
	Applied to 2018, but not more than line 2a				<u> </u>				
b	Applied to undistributed income of prior years (Election required - see instructions)								
C	Treated as distributions out of corpus (Election required - see instructions)								
d	Applied to 2019 distributable amount								
_	Remaining amount distributed out of corpus	398,165.00		1					
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	16,537.00		1	16,537.00				
6	Enter the net total of each column as								
	indicated below:	2,362,326.00			-				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,302,320.00							
b	Prior years' undistributed income Subtract				1				
_	line 4b from line 2b				<u>-</u>				
C	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				1				
d	Subtract line 6c from line 6b Taxable	1			!				
Ī	amount - see instructions				<u> </u>				
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions		i						
	Undistributed income for 2019 Subtract lines		1						
'	4d and 5 from line 1. This amount must be		i						
	distributed in 2020		i		<del></del> :				
7	Amounts treated as distributions out of corpus				1				
	to satisfy requirements imposed by section								
	170(b)(1)(F) or 4942(g)(3) (Election may be		Ì		Ì				
	required - see instructions)								
8	Excess distributions carryover from 2014 not				}				
	applied on line 5 or line 7 (see instructions)	383,644.00							
9	Excess distributions carryover to 2020.								
	Subtract lines 7 and 8 from line 6a	1,978,682.00		<u>.</u> .					
10	Analysis of line 9				1				
	Excess from 2015 422,739.00				i				
b	Excess from 2016 397,744.00				ļ				
	Excess from 2017 348,177.00			-	1				
	Excess from 2018 413,301.00			,	<i>i</i>				
	Excess from 2019 381,628.00								
_									

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

### SEE STATEMENT 4

b The form in which applications should be submitted and information and materials they should include

#### SEE STATEMENT 4

c Any submission deadlines

#### SEE STATEMENT 4

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

#### SEE STATEMENT 4

Part XV Supplementary Information (c	continued)	normal for	Freture Devise at	
3 Grants and Contributions Paid Duri	Ing the Year or App			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTINUENT	
a Paid during the year WASHINGTON UNIVERSITY	N/A	N/A	MEDICAL RESEARCH	395,532.00
•				
	<u> </u>	<u> </u>		305 533 00
b Approved for future payment N/A				395,532.00

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrel	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	Exclusion code		function income (See instructions)
/-			<del>-</del>		(See instructions )
	-		<del></del>		<del></del>
b	-		_		
c			<del></del>		
d			<del></del> -		
e					<del></del>
f					
g Fees and contracts from government agencies			ļ		<del></del>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments •					
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
, ,					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<del> </del>		
11 Other revenue a			<del> </del>		
b		-	<del> </del>		
c					
d			<del> </del>		<del></del>
e			<del> </del>		<del>_</del>
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calc			4.5		
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No. Explain below how each activit	y for which	h income is reported i	ın column (	e) of Part XVI-A contribi	uted importantly to the
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	s) (See instructions)
	·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
N/A		<u> </u>			
		<u>-</u>			
•	_	<del></del>			
		<u> </u>			
		<del>-</del>			
				···	<del></del>
			<del>-</del>		
				<del></del>	<del></del>
				<del></del>	
				<del></del>	<del></del>
					<u> </u>
		· <u></u> ,			
	_	-			

Part XVIII

		Organizations							_	
1	Did th	e organization direct	ly or indirectly er	ngage in any of the follo	wing with ar	ny other organ	nization described		Yes	No
	ın se	ction 501(c) (other	than section 5	01(c)(3) organizations)	or in secti	on 527, rela	ating to political			
	organi	zations?								'
а	Transf	fers from the reportin	ig foundation to a	noncharitable exempt o	rganization of					!
	(1) Ca	sh						1a(1)		X
	(2) Ot	her assets						1a(2)		
b	Other	transactions								
	(1) Sa	les of assets to a no	ncharitable exemp	ot organization				1b(1)		Х
	(2) Pu	rchases of assets fro	om a noncharitabl	e exempt organization				1b(2)		Х
	(3) Re	ental of facilities, equi	pment, or other as	ssets				1b(3)		Х
	(4) Re	eimbursement arrange	ements					1b(4)		Х
	(5) Lo	ans or loan guarantee	es					1b(5)		Х
	(6) Pe	rformance of service	s or membership	or fundraising solicitation	s			1b(6)		Х
C	Sharın	ig of facilities, equipm	ent, mailing lists,	other assets, or paid em	ployees			1c		X
d				" complete the following						
				s given by the reporting						
	value	in any transaction or	sharing arrange	ment, show in column (	d) the value	of the goods,	other assets, or s	ervice	s rece	eived
(a) L	ine no	(b) Amount involved	(c) Name of nor	ncharitable exempt organization	(d) Des	cription of transfe	rs, transactions, and sha	nng arra	ingeme	nts
	——	· <del>-</del>		<del></del> -					_	
									_	
	$-\!$									
			<u> </u>	<del></del>			· <u>-</u>			
	-+						<del></del>			
									_	
	+						<del></del>			
	+			<del></del>			<del></del>			
			<u>-</u>	<u> </u>	<del></del>			-		
						*				
		·		<del></del> -			<del>-</del>			
		<u> </u>					···			
								***		
2a	Is the	foundation directly	or indirectly affilia	ated with, or related to,	one or mor	e tax-exempt	organizations			_
	descri	bed in section 501(c)	(other than section	on 501(c)(3)) or in sectio	n 527?			Ye	es X	No
b	If "Yes	s," complete the follo	wing schedule						_	
		(a) Name of organization	n	(b) Type of organization	n	<u>(c</u>	) Description of relations	ship	_	
		<u> </u>		<del></del> -						
							<del></del>			
-		<u></u> -					<del> </del>			
	Linde	r penalties of penury I decla	are that I have examined	this return, including accompanyi	ng schedules and	statements and to	the best of my knowledge	e and b	elief. it	is true.
	corre			ayer) is based on all information of w				,		
Sig	י 🌓 ר	MM Th	-1	11/3/2000	TOES	SURER		discus:		
ler	e   🖳	nature of officer or trustee		Date	Title	TDOIGH.	with the property See instruction	eparer s	Yes	below?
	5.9	A. A.s. or moree								
	L	Print/Type preparer's na	me	Preparer's signature		Date	Check If	PTIN		
aic	i						self-employed			
re	parer	Firm's name		·- <del></del> -			Firm's EIN			
Jse	Only	Firm's address								
							Phone no			
	-							000	DE	(0040)

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2019

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** Name of the organization 43-1819267 LONGER LIFE FOUNDATION Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
LONGER LIFE FOUNDATION

Employer identification number 43-1819267

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	RGA ENTERPRISE SERVICES COMPANY  16600 SWINGLEY RIDGE ROAD	\$400,000.00	Person X Payroll Noncash
•	CHESTERFIELD MO 63017		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RGA FOUNDATION  16600 SWINGLEY RIDGE ROAD	\$\$	Person X Payroll Noncash (Complete Part II for
	CHESTERFIELD MO 63017		noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

LONGER LIFE FOUNDATION

Employer identification number

43-1819267

Part II	Noncash Property	(see instructions	<ol> <li>Use duplicate</li> </ol>	copies of Part II if addition	onal space is needed.
		1000 111011 00110110	,		

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) - Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<del></del>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization LONGER LIFE FOUNDATION 43-1819267 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) Ño. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## Part I, Line 1 - Schedule of Contributions, gifts, grants, etc. received:

Name and Address	Amount	Date of Donation
RGA Enterprise Services Company 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	400,000	1/17/2019
RGA Foundation 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	400,000	12/27/2019

## Part I, Line 23 - Other expenses:

Bank Fees	1,123
	1,123

### Part VIII, Line 1 - Schedule of all officers, directors, trustees, & managers:

			(d) Contributions	
			to employee	(e) Expense
	(b) Title & average		benefit plans &	account & other
(a) Name and Address	hrs/week	(c) Compensation	deferred comp.	allowances
Anna Manning 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Chairperson of the Board	None	None	None
A Greig Woodring 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Governor	None	None	None
Robert M Musen 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Governor	None	None	None
David A Perlmutter, M D Washington University School of Medicine Campus Box 8106 666 S Euclid Avenue St Louis, MO 63110-1093	Vice Chairman	None	None	None
Daniel Zimmerman, M D 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Managing Director	None	None	None
Dave Rengachary 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Deputy Managing Director	None	None	None
Sara McCarty 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Secretary	None	None	None
Rachel Hauck Washington University School of Medicine Campus Box 8031 666 S Euclid Avenue St Louis, MO 63110	Assistant Secretary	None	None	None
Jeff Block 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Treasurer	None	None	None
Allison Gray 16600 Swingley Ridge Road Chesterfield, MO 63017-1706	Assistant Treasurer	None	None	None

# Part XV, Line 2a - Name, address, & telephone number of the person to whom applications should be addressed:

Applications should be sent electronically to both	
Dan Zimmerman, MD	
Managing Director	
Longer Life Foundation	
dzimmerman@rgare com	
David Alpers, MD, PhD	
Co-Director, Longevity Research Program	
Washington University School of Medicine	
dalpers@dom wustl edu	
with a cc to rhauck@wustl.edu	

# Part XV, Line 2b - The form in which applications should be submitted and information and materials they should include:

- 1. Title
- 2 Abstract (1 page)
- 3 Summary and Description in lay language (1 page)
- 4 NIH Biographical sketch (brief)
- 5. Please provide information on other support
- 6. Research plan (6 page maximum excluding references and budget). Please include
  - Specific aims
  - Scope of work and relevence of project to the mission of the Foundation
  - Background and significance of the work
  - Preliminary data or progress if applying for a second year of funding
  - Research design and methods
- 7. Plans for obtaining additional extramural funding arising from the proposed studies
- 8. References
- 9. Budget and budget justification
- 10 OSRS Institutional Official Approval letter

Additional Instructions

- Applications should be submitted electronically in a SINGLE file
- Format single-spaced, 11 or 12 point font
- Header title of research and investigator's name

### Part XV, Line 2c - Any submission deadlines:

Letters of Intent are due by February 22, 2019 Applications are due by May 31, 2019

### Part XV, Line 2d - Any restrictions or limitations:

The only restriction is that the area of research must be in-line with the Foundation's mission statement

### Mission of the Foundation

To study factors that assist in predicting mortality and morbidity of selected populations and to research methods to promote improvements in longevity and health by analyzing the effects of changes in medicine medicine and advances in public health practices